

AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. XXI. } NEW SERIES NEW YORK: SATURDAY, NOVEMBER 21, 1863. { Mail Subscribers, \$3 per Ann
VOL. VII. } { City and Canadian, 8 50 "
 { Single Numbers, 10 cents.

	Page		Page		Page		Page
ORIGINAL LECTURE.		The Escape of Balls by the Rectum—Gunshot Wound of the Abdomen, etc. By Wm. H. Kullison, M.D.	242	EDITORIAL ARTICLES.		ARMY MEDICAL INTELLIGENCE.	
Lectures on the Morbid Conditions of the Blood. By Austin Flint, M.D. Lecture IV.	237			Education of Infants.	244	Circular.	247
ORIGINAL COMMUNICATIONS.		REPORTS OF SOCIETIES.		THE WEEK:		General Orders, No. 355.	245
Method of Applying the Solid Nitrate of Silver to Deep Cavities. By Frederic D. Lente, M.D.	239	New York Academy of Medicine:		Discussion on Amputations in Gunshot Fractures of the Thigh.	245	Orders, Changes, etc.	245
Bronchotomy, with a Statement of Forty-three Cases. By Alfred North, M.D.	239	Stated Meeting, Oct. 23, 1863. Dr. James Anderson, President, in the Chair. Vulvo-Vaginitis; Cause, Progress, and Duration; Etiology; Age; Diagnosis; Prognosis; Treatment.	243	Bulletin of the Sanitary Commission.	245		
				Polydactylous Anomalies among Virginia Negroes.	246	MEDICAL NEWS.	
				REVIEWS.		METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.	
				Transactions of the Medical Society of the State of N. Y.	246	SPECIAL NOTICES.	

MESSRS. BAILLIERE BROTHERS

HAVE PLEASURE IN ANNOUNCING THAT A NEW EDITION OF

PROF. F. H. HAMILTON'S WORK ON MILITARY SURGERY

IS IN ACTIVE COURSE OF PREPARATION.

The work will embody the results of PROF. HAMILTON'S extensive experience in the Field during the present War, and will be illustrated by original drawings from cases which have come under his own observation.

It is intended to make this the most complete *practical* work on the subject.

MESSRS. BAILLIERE BROTHERS

ANNOUNCE THE FOLLOWING WORKS AS PREPARING FOR PUBLICATION:—

A TREATISE ON MILITARY SURGERY, including experience obtained during active service with the United States Army, in the years 1861, 1862 and 1863. By PROF. F. H. HAMILTON, late Medical Inspector U.S.A. 8vo.

URINE, URINARY DEPOSITS, AND CALCULI; and on the Treatment of Urinary Diseases. By DR. LIONEL S. BEALE. With numerous Engravings. 2d Edit. 12mo.

A MANUAL OF ANIMAL CHEMISTRY AND CHEMICAL ANALYSIS. By I. L. W. THUDICHUM, M.D. 12mo.

A MANUAL OF COMPARATIVE ANATOMY. By THOS. H. HUXLEY, F.R.S. 12mo.

A DICTIONARY OF MEDICINE, SURGERY, PHARMACY, THE ACCESSORY SCIENCES, AND VETERINARY ART.

*** This work will consist of about 2000 pages, double column, large 8vo., and will be illustrated with over 500 engravings. The Greek, Latin, French, German, and Italian synonyms will be given, followed by a complete glossary of these languages.

A MANUAL OF PRACTICAL HYGIENE, intended especially for the Medical Officers of the Army. By E. A. PARKES, M.D., F.R.S., Professor of Military Hygiene at the Army Medical School, England.

LONG ISLAND COLLEGE HOSPITAL, Brooklyn, N.Y.

The Session of 1864 will begin on Tuesday, March 9th and continue sixteen weeks.

COUNCIL.

T. L. MASON, M.D., President. C. L. MITCHELL, M.D., Sec.
W. H. DUDLEY, M.D., Registrar. J. H. HENRY, M.D.

FACULTY.

AUSTIN FLINT, M.D., Prof. of Practical Medicine and Pathology.
FRANK H. HAMILTON, M.D., Prof. of Military Surg. and Hygiene, and Fractures and Dislocations.
JOSEPH C. HUTCHISON, M.D., Prof. of Surgery and Surgical Anat.
DE WITT C. ENOS, M.D., Prof. of General and Descriptive Anat.
EDWIN M. CHAPMAN, M.D., Prof. of Obstet. and Diseases of Women and Children, and Clinical Midwifery.
AUSTIN FLINT, JR., M.D., Prof. of Physiology and Microscopic Anat.
DARWIN G. EATON, M.D., Prof. of Chemistry and Toxicology.
WILLIAM GILFILLAN, M.D., Prof. of Materia Medica and Therapeutics.
S. FLEET SPEIR, M.D., Demonstrator of Anatomy.
ROBERT NEWMAN, M.D., Prosecutor to the Prof. of Surg.

FEES.

FEES FOR FULL COURSE.....	\$100 00
MATRICATION FEE.....	5 00
DEMONSTRATOR'S FEE.....	5 00
GRADUATION FEE.....	25 00
HOSPITAL TICKETS GRATUITOUS.	

Good board with lodging, &c., in the vicinity of the College, may be obtained for from \$4 00 \$5 00 a week.

Letters addressed to any Member of the Council will receive attention.

Dr. Davis's Institute.—Corner of 5TH ST. AND MADISON AVE., NEW YORK.

This Institution is established for the purpose of carrying out in the most appropriate manner, the Treatment introduced by the undersigned for Diseases and Injuries of Joints, including *Old Dislocations* and Deformities.

The principles of his treatment, its benefits, and its applications, have freely been communicated to the profession. The advantages of having the patient constantly under personal control and supervision, are too obvious to all medical men to require elucidation. Indeed, the Institute is established in compliance with frequent requests of physicians as well as patients from abroad.

The Institute is arranged with all the comforts of a private family home, without any of the repulsive accompaniments of a hospital. Further particulars obtained on applying to

HENRY G. DAVIS.

Reliable Gelatine Capsules of Balsam of Copaiba, containing each 10 grains of Pure Balsam.

ALSO

RELIABLE CAPSULES OF BALSAM OF COPAIBA AND OIL OF CUBEBS, containing each 9 grains of Copaiba and 1 grain of Oil of Cubebs.

One grain of Oil of Cubebs represents 18 grains of cubebs.

Prepared by E. QUERU,

Chemist and Pharmacist.

I beg leave to offer to the profession the above capsules as perfectly reliable, and made of the best and carefully selected substances, and would respectfully request physicians to compare these capsules with any in the market.

J. L. M. QUERU,
36 Platt Street.

Queru's Cod Liver Oil Jelly.—This

Jelly has been approved by the N. Y. Academy of Medicine, and offers the following advantages over the liquid oil:—

1. It can be swallowed without imparting any oil to the palate.
2. It is digested by the most delicate stomachs, even by those which reject the oil.
3. It will never operate as a cathartic.
4. Being entirely digested, the dose is only one tablespoonful; it contains 85 per cent. of oil, as I proved by operating before a committee appointed *ad hoc* by the Academy of Medicine. For sale by every druggist.

Wholesale at the Office,
36 Platt Street, N. Y.

1864.—Lindsay & Blakiston's Phy- sicians' Visiting List for 1864. Now Ready.

Price, prepared for 25 patients weekly, plain	\$0 68
" " 25 " " " tucks	1 00
" " 50 " " " plain	75
" " 50 " " " tucks	1 25
" " 100 " " " "	2 00
" " 100 " " " in two vols., Jan' to June, July to Dec	5 50

THE INTERLEAVED EDITION.

For 25 patients weekly, cloth	\$0 75
" 25 " " " tucks with pocket	1 25
" 50 " " " cloth	1 00
" 50 " " " tucks with pocket	1 50

The publishers have made some improvements in their "Visiting List" for the coming year, which they hope will still further increase its value to the Medical Profession.

Copies sent by Mail Free of Postage upon receipt of the Retail Price, as above.

For sale in New York by MESSRS. WOOD, BAILLIERE BROTHERS, and other booksellers.

LINDSAY & BLAKISTON, PUBLISHERS,
Philadelphia.

Diphtheria: Practical Observations on, and the Treatment of, with cases.

ALSO

Pyrophosphate of Iron, Preparation and Therapeutical Uses of.

By E. N. CHAPMAN, M.D.,

Prof. of Therapeutics and Materia Medica, Prof. of Clinical Obstetrics, and Physician in the Long Island College Hospital.

Price 25 cents each.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

FISH'S LAMP HEATING APPARATUS

KEROSENE OR GAS.

Already has this invention found its place in the Nursery, the Sick-Room, Hospital, Barber Shop, Restaurant, the Students' Room at College, etc., etc., and for family purposes, where summer fires have heretofore roasted the occupants, they now prepare their meals by this apparatus at less cost than they incurred for kindling wood. For further particulars send for Pamphlet, which will be sent by mail, free.

WM. D. RUSSELL,

206 Pearl st, New York.

Fifth Edition.

Now ready in convenient Pocket Form, 12mo., 280 Pages and 287 Wood-cut Illustrations. Price \$1 75.

HAND-BOOK OF SURGICAL OPERATIONS.

By STEPHEN SMITH, M.D.,

Surgeon to Bellevue Hosp.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

New York Academy of Medicine.—

Transactions, Vol. I. 8vo. cloth, \$2.50. In paper cover, \$2.00. Subscriptions received for the Transactions at \$2.00 per volume. Bulletin, Vol. I., 1861-62, 8vo. cloth, \$1.50. If sent by mail, 32 cents extra must be remitted for the Transactions, Vol. I., and 36 cents for the Bulletin, Vol. I.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

JUST RECEIVED, A FRESH STOCK OF

"BERNARD & HUETTE'S OPERATIVE SURGERY,"

COLORED PLATES.

PRICE \$20.

BAILLIERE BROTHERS, 440 Broadway.

Just issued, 12mo., 48 pages, with 16 illustrations: price 25 cts. by mail postage free.

The Mechanical Treatment of Angu- LAR CURVATURE, or Pott's Disease of the Spine. By G. F. Taylor, M.D.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Original Lectures.

LECTURES ON THE MORBID CONDITIONS OF THE BLOOD.

DELIVERED AT
THE BELLEVUE HOSPITAL MEDICAL COLLEGE.

PRELIMINARY TERM, SESSION OF 1868-4.

By AUSTIN FLINT, M.D.,

PROF. OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

LECTURE IV.

Morbid Conditions relating to Fat.—Do, to Sugar.—Diabetes Mellitus.—Morbid Accumulation of Excrementitious Principles in the Blood.—Uræmia.

Fat enters into the composition of the corpuscular constituents and the liquor sanguinis, the average amount in the whole mass of blood being estimated to be a little over 2 in 1000 parts. The greater part is saponified, that is, in combination with alkalies. Of the fats which are non-saponifiable, with our existing knowledge, the most important is cholesterin. An excess of fat leads to the presence of oil globules, or free fat, in greater or less abundance. These have been repeatedly observed in diseases. In health the blood-serum is turbid or milky for several hours after a full meal. This has been observed when venesection has been practised under these circumstances. It is due to the products of lacteal absorption, which are at this time poured into the blood. This is the explanation of some of the cases of white or milky blood which have been reported by medical practitioners.

The pathological relations of an excess of oil in the blood are very imperfectly known. Clinical observations have shown that it is more or less abundant in acute affections generally. Under these circumstances it must be chiefly derived from the adipose tissue within the body; hence the emaciation which accompanies acute affections. It accumulates in the blood of drunkards, leading to that amount of deposit in the adipose structure which constitutes obesity. Lehmann states that this result is not due directly to the introduction of alcohol, but that it occurs only when the liver becomes affected.

Nothing is to be said respecting our positive knowledge of a morbid deficiency of oil in the blood. Yet, probably, such a morbid condition exists, and has more or less importance in its relations to diseases. This is certainly a fair inference from the benefit derived from cod-liver oil and other fatty substances in tuberculosis, scrofula, and other affections.

Of the non-saponifiable fats, cholesterin alone, with our present knowledge, has important pathological relations. Experiments and clinical observation have shown that this is an excrementitious substance, and a notice of its abnormal accumulation in the blood will therefore come under another division.

Therapeutically, it would seem to be an object to increase the amount of oil in the blood in certain diseases, especially in tuberculosis, and, on the other hand, to diminish the amount in cases of obesity. The latter is also an object in cases of fatty degeneration of the heart and arteries, if it be true, as is highly probable, that this structural change is either dependent upon, or favored by, an excess of oil in the blood. The diminution of oil in the blood is effected by restricting the diet, in a great measure, to nitrogenized substances, avoiding butter, fat meats, sugar, and limiting the amount of farinaceous food. Obesity is not uncommon in middle age, developed to an extent to constitute a morbid condition; and it occurs sometimes in early life, evidently from a constitutional tendency, and may reach an excessive degree, as seen in persons exhibited as objects of curiosity on account of the enormous size and weight to which they attain. Whenever it exceeds the

AM. MED. TIMES, VOL. VII., NO. 21.

limits of health, it may appropriately claim treatment; and it may often be notably lessened by excluding from the diet fatty articles, and limiting the ingestion of substances readily converted into fat, viz. sugar and starch.

To effect or promote an increase of oil in the blood, oleaginous remedies, and a diet the opposite of that just indicated, are to be employed.

As regards the substances embraced under the head of extractive matters, a few words will suffice. This division includes a variety of undetermined constituents of the blood—undetermined with respect to their nature, source, metamorphoses, relations to different organs, and uses. Of course, they have not, in the present state of our knowledge, any well determined pathological relations. It is not improbable that they play an important part in morbid processes, but nothing has as yet been ascertained.

Sugar is an organic substance which exists in the blood in health. It is a constituent of the blood in certain portions only of the vascular system, viz. within the portal vein, more abundantly within the hepatic vein, the vena cava ascendens, the right cavities of the heart, and the pulmonary artery. It is sometimes, but not uniformly, found in the blood generally; but, existing in the parts just named, when found, the quantity is very small, save as a morbid condition. With respect to the existence of productions of sugar within the organism, the late discovery by Bernard is of great interest and importance. This distinguished physiologist has shown that its production is one of the functions of the liver. A certain quantity is received from the sugar and starch contained in the ingesta. But the hepatic vein contains much more than the portal; and it is contained in the former when the ingesta is devoid of both saccharine and amylaceous substances, and when no sugar is contained in the portal blood. It is destroyed during the passage of the blood through the lungs. How is it destroyed? This is a physiological question, but it has important pathological bearings. The explanation which seems most probable is, that it is converted into lactic acid, the latter combining with soda, lime, and potash, forming lactates which are again converted into carbonates, and then again decomposed by the pneumatic acid.*

In health, sugar is not eliminated from the body, but as a symptom of disease, it may exist in great abundance in the urine, in other secretions, and in exhalations. And, under these circumstances, the blood everywhere throughout the body contains it. This constitutes the morbid condition known as *diabetes mellitus*.

Sugar exists in the urine, in other secretions, and in transuded liquids, in cases of diabetes, in consequence of its existence in the whole mass of blood. Diabetes is not a disease of the kidneys, as it was formerly regarded. These organs merely excrete sugar contained in the blood, brought to them by the renal arteries. The sugar in the renal blood increases the functional activity of the kidneys, acting like a diuretic, and, hence, the quantity of urine is greatly increased. An increased quantity of urine, containing sugar in abundance, thus becomes the diagnostic criterion of diabetes.

Why is it that the blood in the general circulation becomes saccharine in this disease? Either the liver produces too much sugar, or the processes by which it should be made to disappear from the blood in the lungs are imperfect. Our present knowledge does not, perhaps, enable us to decide between these two explanations, and both may concur in some cases; the first, however, is the more rational, if it be true, as estimated by Bernard, that in some cases of diabetes a much larger amount of sugar is excreted by the kidneys than is formed by the liver in health. Moreover, certain facts render it not improbable that a prior morbid condition of the nervous system may be involved. Bernard ascertained that by irritating the medulla

* Robin and Verdel, *Chimie Anatomique*.

oblongata at the point of connexion of the pneumogastric nerve, sugar appears in the urine. A transient attack of diabetes may in this way be produced at will in an inferior animal. Hence, it may be conjectured that diabetes, occurring spontaneously, is an affection of the nervous centre, an abnormal influence being transmitted to the liver through the pneumogastric nerve.

Were the seat and nature of diabetes established, our knowledge might, perhaps, lead to rational indications for treatment. As it is, the therapeutics of the disease are quite unsettled. It is a very grave disease, persisting in the great majority of cases, and proving fatal sooner or later. A temporary and partial relief is, in general, only attainable. And this is effected by different means, so that the success of a particular mode of treatment does not reflect much light on the pathology of the disease. Inasmuch as a considerable portion of the sugar is derived from the ingesta, one point in the management is to cut off or diminish the supply of sugar in the food. In this way the quantity of urine is generally lessened, and the amount of sugar which it contains. But this measure of treatment is directed, not against the primary or essential morbid condition, but only against an effect or symptom; for the presence of the sugar in the blood is dependent on some prior morbid condition. The saccharine blood is the ultimate appreciable morbid condition, in the existing state of our knowledge, but it is evidently a result of some deeper change which has not yet been ascertained. Alkaline remedies, continued, with occasional intermissions, for a long time, as recommended by Trousseau, I have known to prove remarkably useful, but in some cases to be attended with no benefit. This treatment is based on the hypothesis that the sugar received into and formed within the system is not destroyed, owing to the want of alkalies in the blood. Rennet has been proposed, with a view to promote lactic fermentation, and its usefulness is said to be shown by the results of clinical experience. Remedies addressed to the nervous system are found to diminish the quantity of sugar excreted. Opium is generally beneficial. Strychnia is sometimes notably so.

These different measures are here mentioned in illustration of the fact that clinical experience appears to show the utility of methods of treatment based on different views of the pathology and seat of the disease.

Sugar may appear transiently in the urine, in small quantity in various diseases, and under these circumstances has no more pathological importance than the occasional appearance of a trace of albumen. The statement made a few years ago by Reynoso that the urine is habitually saccharine in affections which compromise the respiratory functions has not been confirmed by the observations of others. A trace of sugar may be found in the urine of healthy persons after certain kinds of food, and when certain remedies have been given, especially the ethers. It is also found sometimes in considerable abundance for a short period when the system is disturbed by strong mental emotions.

Certain morbid conditions of the blood consist in an undue accumulation of excrementitious substances. And of these the first in importance are the organic constituents of the urine, viz. urea and uric acid. These, as well as all excretory products, are preformed in the blood, not produced within the glands, as was formerly supposed. They exist, therefore, in the blood in health, and it is their accumulation in abnormal quantity which constitutes the morbid condition. The excrementitious substances just named are distinguished as nitrogenized, and consist of effete matter derived from the nitrogenized tissues of the body. Their existence in the blood in health has been recently demonstrated. Their undue accumulation in certain affections of the kidneys has been proved by direct observation. Deficient excretion of urea occurs in acute inflammation of the kidneys, or nephritis, in the affection commonly known as acute albuminuria, and as a result of

the chronic lesions embraced under the name of Bright's disease. Under these circumstances the urea accumulates in the blood, and gives rise to the condition called *uræmia*. There is no evidence that this condition is ever due to an excessive production of urea in the blood. In all cases it is a consequence of the excretory function of the kidneys being either arrested or inadequate to a proper elimination of this excrementitious substance.

Uremia is a form of blood-poisoning, or *toxæmia*, entering largely into the causation of morbid phenomena, and, consequently, of great importance in its practical relations. Our present knowledge of it has been recently acquired, and although by no means so complete as could be desired, it constitutes one of the most prominent of the characteristics of medicine at the present time, as compared with the past. The effects of this morbid condition are manifested especially in phenomena pertaining to the nervous system, coma, and convulsions of an epileptiform character, constituting the graver of these. These phenomena are apt to precede a fatal termination. Coma and convulsion occurring either with or subsequent to scarlatina with renal complication, in nephritis, in Bright's disease, and puerperal eclampsia, are due to uræmic poisoning of the blood. The urea accumulating beyond certain limits acts upon the nervous system in a manner analogous to certain poisons introduced from without the body, for example, strychnia. Its mode of action is not explicable with our present knowledge. The question has arisen whether it acts directly as urea, that is, without having undergone in the blood any change. According to Frerichs it is converted in the blood into carbonate of ammonia, a substance with which it is chemically nearly identical, and it becomes poisonous only after this conversion has taken place. Frerichs claims to have established the correctness of his opinion by experiments on inferior animals and clinical observations. The admirable experiments of Hammond, however, appear to disprove this hypothesis.*

Clinical observation shows that various inflammations are apt to be developed as results of uræmia, more especially serous inflammations, viz. pleuritis, pericarditis, and peritonitis. It appears to stand sometimes in a causative relation to pneumonia. Amaurosis is an occasional result. It is one of the pathological conditions under which neuralgia occurs. Other results denote efforts for the vicarious elimination of urea. Persistent vomiting and purging belong to the clinical history of uræmia. And these symptomatic events are due to efforts of elimination of the urea through the gastro-intestinal mucous membrane. The experiments of removing the kidneys in inferior animals by Prevost and Dumas, Bernard and Barreswill, Hammond and others, show that under these circumstances urea accumulates in the blood; after a time vomiting and purging occur, and either urea or the carbonate of ammonia is found in the contents of the alimentary canal; finally, this vicarious elimination being insufficient to prevent an accumulation from reaching the point necessary for the production of poisonous effects, convulsions and coma ensue, which are followed by death. The same consequences take place when the excretion of urea is prevented by certain diseases of the kidneys.

In order to ascertain the existence of uræmia an analysis of the blood may be made; but this test is hardly available for ordinary clinical purposes. The existence of this condition may be inferred whenever in connexion with its characteristic pathological effects the secretion of urine is suppressed, or the quantity greatly diminished. Urea, however, may be wanting in the urine, although the quantity of the latter be not much if at all diminished. The urine is of a low specific gravity when the urea is deficient, and as the deficiency of urea is generally associated with albuminuria, the presence of albumen in the urine, with diminished density, renders it probable that uræmia exists. For positive proof the urine may be analysed with reference to the quantity of urea which it

* Physiological Essays.

contains. If not adequately excreted by the kidneys it must accumulate in the blood, and if not diminished vicariously through some other channel the pathological effects of uræmia must sooner or later ensue.

The therapeutical indications pertaining to uræmia are, *first*, to endeavor to promote the excretion of urea by the appropriate emunctories, viz. the kidneys, and, *second*, to favor its vicarious elimination. The first indication relates to the use of diuretic remedies, which, unhappily, are often inoperative when the kidneys are much diseased. The second indication calls for hydragogue cathartics and sudorific measures, urea being eliminated through the intestinal and cutaneous surfaces. The spontaneous efforts of elimination through the alimentary canal are not to be too much interfered with. There are no means of neutralizing the urea in the blood, or protecting the system against its poisonous effects.

Original Communications.

METHOD OF

APPLYING THE SOLID NITRATE OF SILVER TO DEEP CAVITIES.

By FREDERIC D. LENTE, M.D.,
SURGEON TO "WEST POINT FOUNDRY."

SIR:—Allow me to call attention to some further applications of the "uterine porte-caustique" described and figured in a recent number of this journal; namely, the introduction of the solid nitrate of silver into other deep cavities besides the interior of the *uterus*; thus rendering unnecessary other more expensive and, I think, less efficacious contrivances. For instance, Messrs. Tiemann & Co. have made, at my suggestion, a long probe of pure silver, considerably smaller than the uterine probe, and furnished with a handle, with which, and aided by the laryngoscope, the solid caustic may be readily conveyed to any point rendered visible by that ingenious apparatus. The series of rather expensive *porte-caustiques*, usually accompanying the laryngoscope, may then usually be dispensed with, as the solid nitrate, applied directly to a diseased part, is generally more beneficial than a solution swabbed indiscriminately, as it must be, over the diseased and the adjacent healthy structures. Especially would this be the case, when the application is to be made to the interior of the *larynx*.

With the same probe, the caustic may be conveyed to the very bottom of extensive *sinuses*, when advisable to make such an application, more efficacious in all such cases than an injection of solutions, however strong, because the latter never come into good contact with the walls on account of

being somewhat exhausted in acting upon the secretions which always protect these walls; whereas, these secretions are cleared away or rendered nugatory by the mechanical effect of the solid application.

In a case now under my charge, I have made still another application of the instrument with very gratifying results; namely, to the bottom of the *meatus auditorius externus*, by means of the *speculum auris* of Toynbee. In this case, there was a perforation of the *membrana tympani*, and a *polypus*, too small to be removed by means of the aural écarateur, but large enough, in connexion with the accompanying disease of the *ovitis tympani*, to give rise to a fetid discharge of a very annoying character, threatening indeed to implicate the membranes of the brain, and which had resisted all the fluid applications that had been

employed, at intervals, for several years by other surgeons; in one instance, by the surgeon of the Archduke of Austria. The polypus was destroyed entirely by first drying the bottom of the meatus, then applying the solid nitrate through the *speculum* several times on the end of an Anel probe, bent in the middle like other aural instruments, to avoid obstructing the light. Messrs. Tiemann & Co. have contrived a more convenient instrument for this purpose, stouter than Anel's probe and furnished with a handle.

With a similar instrument, but straight, the solid nitrate may be applied to the *lacrimal sac*, and even to the *ductus ad nasum* in certain cases, instead of using the solution with a syringe as is now done. Having slit up the *canaliculus* as usual, get the direction of the canal with one of Bowman's probes, then pass a suitable probe, coated carefully with the nitrate, rapidly down into the sac, and sweep it around its walls; if it is desired to enter the *ductus ad nasum*, do this first, and cauterize the sac after withdrawing from the duct.

In all cases, to insure the success of the application, the directions for coating the "uterine porte-caustique" should be carefully attended to. That is, to have the end of the instrument present a *fresh surface*, as by rubbing it bright with buckskin sprinkled with emery, or some similar substance; then, having melted the nitrate, to heat the end of the probe in a *spirit lamp*, and no other; then dip it repeatedly in the nitrate so that the successive layers shall be thin, and adhere well together. The caustic will then never fall from the end of the probe, unless struck with some hard instrument, and will remain intact for days in a dry place. Messrs. Tiemann & Co. have made a small platinum cup for melting the nitrate, which will be found very convenient.

COLD SPRING, Oct. 1868.

BRONCHOTOMY,

WITH A STATEMENT OF FORTY-THREE CASES.

By ALFRED NORTH, M.D.,

WATERBURY, CONN., LATE HOUSE-SURGEON TO N. Y. HOSPITAL.

THE term bronchotomy is derived from a Greek compound, literally signifying a division of the windpipe; and properly includes the operations of laryngotomy and tracheotomy. The former consists in opening into the larynx, through the crico-thyroid membrane, which is comparatively superficial, and not crossed by any vessels of much importance if wounded, and is the easier and safer of the two operations. In the latter the opening is made below the cricoid cartilage, and consequently is deeper seated, involving larger and more troublesome vessels.

In performing tracheotomy, it is desirable that the patient should be placed on a low bed, and in a situation favorable to the light, with the bedstead raised so as to form an inclined plane. His head is to be thrown back, which brings the windpipe prominently forward, and renders the integuments and muscles in front of it conveniently tense. The incision should be first made through the skin exactly along the central line of the neck. The wound should then be examined for vessels exposed to the knife, and after pushing these aside, the sterno-hyoid muscles may be separated, the fascia cut through, and the trachea divided from below upwards. Of the division of the isthmus of the thyroid body, difference of opinion exists among surgeons. Malgaigne, Lawrence, and Buck are in favor of the division, if it cannot be easily avoided. In performing the operation of laryngotomy the same general rules are to be observed as in tracheotomy.

An investigation of the importance of bronchotomy in certain laryngeal affections was first suggested to me by an interesting case that lately occurred at the New York Hospital. I have collected from various sources forty-three cases of bronchotomy, which I shall present in a tabular form, and afterwards draw such deductions from the same as may bear upon the different heads into which I shall divide the subject.

Table of Forty-three Cases of Bronchotomy.

Case.	Sex, Age.	Condition preceding Operation.	Previous treatment.	Nature of obstruction.	Operation.	Immediate Result.	Ultimate Result.	Autopsy. Remarks.	Reference. Surgeon.
1	M 35	Frequent paroxysms of dyspnoea; also, Cinnabar fumigations, iodide of potassium.	Mild mercurials; also, Cinnabar fumigations, iodide of potassium.	Syphilitic disease of larynx.	Laryngotomy.	Immediate relief.	Recovered, but cannot now dis-pense with tube.	The operation was resorted to as a curative measure.	Hosp. Records, 1860. Dr. Markoe.
2	M 82	Asphyxia; appeared to be dying.		Tetanus.	Laryngotomy.	Entire relief.	Death followed 10 hours after operation from exhaustion.	No autopsy could be obtained.	Hosp. Records, 1853.
3	M 24	The operation was performed when the patient was apparently in articulo mortis.	Scarification of glottis and epiglottis.	Edema glottidis.	Tracheotomy.	Quickly relieved.	Recovered.	Tube removed on third day.	Hosp. Records, 1848. Dr. Buck.
4	M 24	Erysipelas of back and neck; epiglottis thickened and swollen, from interstitial deposit of lymph; face livid; paroxysms of dyspnoea.	Scarification unsuccessfully resorted to.	Laryngitis.	Tracheotomy.	Great relief.	Death occurred the following day.	The fauces and larynx were of a bright red color, and coated with a layer of yellow lymph.	Hosp. Records, 1848. Dr. Buck.
5	F 32	Pain referred to supposed position of foreign body; dyspnoea; huskiness of voice.	A probang was passed, oesophagus. The trachea explored with the finger.	Foreign body entered the larynx 2 weeks previous to operation.	Laryngotomy.		She left hospital the morning after operation. Has since been liable to frequent attacks of laryngitis and bronchitis.	The operation attended with considerable hemorrhage, consequent upon congestion caused by chloroform. No foreign body found.	Hosp. Records, 1848. Dr. Rodgers.
6	M 22	Uvula and epiglottis oedematous, from inhalation of steam. Paroxysms of dyspnoea, with orthopnoea.	Scarification of epiglottis gave temporary relief.	Ustiones. Edema glottidis.	Laryngotomy.	Immediate relief of urgent symptoms.	Death followed 30 hours after operation.	Autopsy showed extensive oedema of glottis, epiglottis, pharynx, and soft palate, with considerable detachment of mucous membrane of mouth.	Hosp. Records, 1856. Dr. Parker.
7	M 38	Paroxysms of severe dyspnoea; breathing accompanied with a hoarse laryngeal sound.	Wound dressed, and bleeding controlled.	Wound of throat.	Tracheotomy second day after admission.	Great relief.	Recovered Tube removed on 29th day.		Hosp. Records, 1847.
8	M 19	Enlargement of cervical glands. Much dyspnoea; eyes fixed and glassy.	Scarification of tonsils.	Tonsillitis.	Tracheotomy.		Died soon after operation from exhaustion.	The autopsy revealed a large abscess, which had burrowed its way into the deeper portion of the neck.	Hosp. Record, 1847. Dr. Cheesman.
9	M 27	Dysphagia. Dyspnoea severe and seems to be increasing. Aphonia.		Syphilitic ulceration of the throat.	Tracheotomy.	Instantaneous relief to dyspnoea, deglutition much easier.	Recovered, but was wearing the tube when he eloped from hospital.	Patient returned four months after, wearing the tube. He had earned full wages as cook on board of vessel.	Hosp. Records, 1854. Dr. Buck.
10	M 39	Suffocation threatened from blood entering the larynx.	An elastic tube passed into the larynx gave partial relief.	Self-inflicted wounds of larynx, chest and abdomen.	Laryngotomy.	Entire relief from dyspnoea.	Died from exhaustion on fourth day after the operation.	Autopsy showed extensive disease of lungs which were probably wounded, also wounds of peritoneum.	Hosp. Records, 1858. Dr. Ray.
11	M 38	Dyspnoea; aphonia and dysphagia. Cough, with profuse expectoration; was fast sinking at time of operation.	Tincture hyocyanus; brandy and beef-tea.	Symptoms indicate laryngeal obstruction.	Tracheotomy.	Respiration and deglutition much easier.	Died from exhaustion on tenth day, seventh from the operation.	Autopsy revealed a true aneurism pressing on trachea at its bifurcation. Recent tubercular disorganization of the lungs.	Hosp. Records, 1857. Dr. Markoe.
12	M 25	Ulceration of inner canthus of left eye and soft palate; redness of fauces and pain in right side of chest. Dyspnoea urgent.	Mercurials; cinnabar fumigations; and iodide of potassium.	Syphilitic disease of larynx.	Tracheotomy.	Great relief.	Recovered.	Tube removed two months after operation.	Hosp. Records, 1857. Dr. Noyes.
13	M 19	Dyspnoea. Inspiration more difficult than expiration, the latter being undulating. Epiglottis felt thickened and quite firm. Rapid failure of the vital powers.	Scarification ineffectually resorted to.	Supposed to be edema glottidis consequent upon typhoid fever.	Tracheotomy.	Died during the operation.	Died.	Autopsy revealed pseudo-membranous laryngitis, the deposit reaching from the epiglottis into the trachea. Congestion of lungs and air-passages generally.	Hosp. Records, 1860. Dr. Weir.

Table of Forty-three Cases of Bronchotomy, Continued.

Case.	Sex. Age.	Condition preceding Operation.	Previous Treat- ment.	Nature of Obstruction.	Operation.	Immediate Result.	Ultimate Result.	Autopsy. Remarks.	Reference. Surgeon.
14	M 33	Four months after original wound necessity existed for a permanent opening, which was secured by two separate operations. Difficulty of breathing recurred from contraction of opening.		Wound of throat. Self-inflicted.	Tracheotomy.	Relieved.	Patient's condition improved by second operation.	The second operation was performed eight months after the original wound. He was wearing the canula when discharged.	Hosp. Records, 1845.
15	M 23	The operation was performed when patient was apparently in articulo mortis.	Scarification.	Edema glottidis.	Tracheotomy.	Resuscitation. In half an hour after operation patient breathed with perfect ease.	Recovered rapidly.	Operation performed under very disadvantageous circumstances. Respiration had ceased. Blood from profuse bleeding entered trachea, and was removed by suction with mouth. Tube closed on fourth day.	Dr. Buck's practice.
16	M 43	Pain in the right chest; severe dyspnoea, referred to spasm of the larynx.	Counter-irritation to the chest; opium and brandy.	Aneurism of the aorta.	Tracheotomy.	Partial but marked relief.	Death followed from exhaustion twenty minutes after operation.	Aneurism was on descending portion of the aorta, and pressed upon trachea, diminishing its calibre about one-third.	Hosp. Records, 1860. Dr. Weir.
17	M 25	Very delirious; tongue and soft palate covered with a thick, dark coating. Urgent dyspnoea supervened.	Ordinary treatment for erysipelas of the face.	Erysipelas.	Laryngotomy.	Relieved and went to sleep.	Died on third day — 18 hours after operation.	No autopsy could be obtained.	Hosp. Records, 1846. Dr. Rodgers.
18	M 36	Paroxysmal dyspnoea; dysphagia. Countenance presents anxious and haggard expression.	Ordinary treatment for laryngitis.		Tracheotomy.	Slight relief.	Died on second day after the operation.	Autopsy revealed an aneurism of the arch of aorta pressing on trachea — no physical signs of this could be detected during life.	Dr. Buck's practice, 1856.
19	F 45	"Extreme" dyspnoea with dysphagia. Countenance anxious and haggard.	Calomel; emetics; leeches and blisters.	Laryngitis. Tracheitis.	Tracheotomy.	Great relief.	Recovered.	Tube removed five weeks after operation. Voice natural.	Dr. Buck's practice, 1856.
20	M 25	Complete aphonia for a long time; dyspnoea; ulceration of the whole pharynx; is much debilitated; deglutition is impossible.		Syphilitic disease of larynx.	Tracheotomy.	Dyspnoea relieved.	Was nourished per rectum for 12 days, when he died from exhaustion.	Autopsy revealed entire obstruction of vocal cords and epiglottis. There was also an opening from oesophagus into the larynx.	Blackwell's Island Hosp. Records, 1855. Dr. Loomis.
21	M 34	Tenderness over the larynx, complete aphonia; peristitis. Paroxysms of dyspnoea threatening instant death.	Mercurials.	Syphilitic disease of larynx.	Laryngotomy.	Speedy and complete relief.	Recovered.	Patient was wearing the tube a year after operation. It was thought tube might have been removed, but patient unwilling.	Dr. Loomis's practice, 1856.
22	M 30	The operation was performed under the most urgent circumstances of dyspnoea.		Syphilitic disease of larynx.	Tracheotomy.		Died from bronchitis on the third day.	Autopsy showed the larynx free from ulceration.	Med. Times and Gazette, 1859.
23	F 28	Dyspnoea.		Syphilitic ulceration of larynx.	Tracheotomy.	Great relief.	Recovered, but cannot dispense with tube.	Patient for past nine months has been able to breathe a very little through the glottis, which for six years before had been impossible.	Lancet, p. 57, July, 1859. Jno. Hilton.
24	M 17	Countenance livid. Became entirely unconscious.	Mild mercurials and emetics.	Laryngitis.	Laryngotomy.	Great relief.	Death followed during a fit of coughing ten hours after operation.	Autopsy showed upper part of bronchi lined with semi-organized membrane and viscid mucus.	Dr. Buel's practice, 1850.
25	M 5	Dyspnoea urgent and increasing. Countenance expressive of great distress.	Emetics and inversion.	Foreign body impacted in glottis twelve hours before operation.	Tracheotomy.	Very great relief, but not entire relief.	Recovery rapid and complete.	Foreign body dislodged from rima glottidis passed down the trachea, and was expelled the seventh day after the operation.	Dr. Buel's practice, Flushing Insane Asylum, 1852.
26	F 25	Very cachectic; respiration had ceased; the heart had stopped pulsating.	Scarification; mercurials and emetics.	Syphilitic disease of larynx.	Laryngotomy.	Great relief.	Recovered. Bronchitis followed the operation.	Tube removed twelve days after the operation, when all signs of throat affection had disappeared.	Bell. Hosp. Am. Journal of Med. Science, 1857.

Table of Forty-three Cases of Bronchotomy, Continued.

Case.	Sex. Age.	Condition preceding Operation.	Previous Treatment.	Nature of Obstruction.	Operation.	Immediate Result.	Ultimate Result.	Autopsy. (Remarks.)	Reference. Surgeon.
27	M 19	Urgent dyspnoea with stridulous voice.	Chlorate of potassa with blisters over the larynx.	Laryngitis following bronchitis.	Tracheotomy.	Some relief.	Death took place sixteen hours after the operation.	No autopsy could be obtained. The laryngitis complicated typhoid fever.	Dr. Swift's practice, 1858.
28	M 33	Symptoms of laryngitis. Dyspnoea threatening suffocation.	Leeches to throat, spirit. ment. tart. ant. et pot. and submur. hyd. gave temporary relief.	Bronchitis and pneumonia.	Tracheotomy.	Instantaneous and great relief.	Much relieved.	Nine months after operation was discharged from hospital, relieved.	N. Y. Hosp. Records, 1846. Dr. Hoffman.
29	M 35	Was subject to attacks of dyspnoea. The operation was performed as a precautionary measure.		Syphilitic disease of the larynx.	Laryngotomy.	Relief.	Recovered.		Med. Times and Gazette, 1859.
30	F 30	The operation was performed under the most urgent circumstances of dyspnoea.		Syphilitic ulceration of larynx.	Laryngotomy.	Great relief.	Health much improved. Breathing continues easy, but unable to dispense with tube.	Is able to bear the tube closed for half an hour at a time; will probably soon dispense with tube.	Bell. Hosp., Dr. Loomis.
31	M 3	Patient was cold, pulseless, and nearly suffocated.		Foreign body. Small round shoe button with thread attached.	Tracheotomy.	No foreign body could be found, though repeated examinations were made.	Recovered.	Thread came away in a few weeks. Three months after operation he was using the tube.	Med. Times and Gazette, 1859.
32	F 19	Eight months pregnant. Dyspnoea rapidly increasing.	Leeches were applied over the larynx. Opium to prevent premature labor.	Membranous croup complicating labor.	Laryngotomy.	Instantaneous relief to dyspnoea. Expulsive force returned.	Died from exhaustion 12 hours after operation.	Labor arrested when head of child entered inferior strait. Delivery followed three hours after operation.	Dr. Draper's practice, 1856.
33	F 26	Dyspnoea.		Syphilitic disease of larynx.	Tracheotomy.	Great relief.	Death from bronchitis on tenth day.	Tube was retained in larynx until death.	Med. Times and Gaz., 1859.
34	F 27	Nearly asphyxiated.	Topical application of nitrate of silver; vapor inhalations and hot air - baths gave but temporary relief.	Syphilitic ulceration of the larynx.	Laryngotomy.	Immediate and great relief.	Health much improved, continues to use the canula.	Patient continues to wear the tube.	Bell. Hosp., Dr. Loomis.
35	M 54	Patient for several years has occasionally complained of distress in upper part of chest behind sternum; had cough with hoarseness for five weeks. Countenance pale and anxious; pulse frequent and feeble; hands cold; respiration labored, and attended with a hoarse laryngeal sound, suffocation seems impending.			Tracheotomy.		Died.	Autopsy revealed a false aneurism of arch of aorta encroaching on trachea; its internal wall made up in part of several rings of trachea. The heart, lungs, and trachea healthy. The pressure of aneurism had caused ulceration of the antero-lateral surface of oesophagus.	Dr. Buck's practice, 1854.
43	M 30	Partial aphonia. Severe paroxysms of dyspnoea.	Probang had been passed down his throat.	Syphilitic disease of larynx.	Tracheotomy.	Great relief.	Has bronchitis, but to-day (Feb. 11) doing well, and can breathe with tube closed.	This Case (43) has been added since this table was made out.	Hosp. Records, 1861. Dr. Buck.

* Cases Nos. 36 to 42 are embodied in the paper, and referred to in "List of Cases."

(To be Continued.)

THE ESCAPE OF BALLS BY THE RECTUM.—

GUNSHOT WOUND OF THE ABDOMEN, ETC.

By WM. H. RULISON, M.D.,

SURGEON-IN-CHIEF 2d CAVALRY BRIGADE BUFORD'S DIVISION.

I HAVE noticed in the TIMES several cases reported of the escape of balls by the rectum.

A very remarkable case of the kind came under my observation at the Cavalry Corps Hospital at Gettysburg. The history of the case was given by a surgeon in the Confederate Army, and verified by the patient himself. The subject was a Confederate soldier, who was wounded at the battle of Gettysburg by a minié ball, which entered

just below the ensiform cartilage, and escaped from the rectum on the second day after receiving the wound. The surgeon carried the ball in his pocket; it was considerably battered, showing that it had struck something before wounding the man.

This man did well, and when I left Gettysburg on the 25th of August, he had so far recovered as to be able to be about with every prospect of a perfect cure. Several cases of wounds of the bowels by bullets of very great interest were admitted into the Cavalry Hospital at Gettysburg, one of which by your permission I will notice here.

Naham Gilbert, a sergeant in Co. I, 1st Michigan Cavalry, was wounded at the battle of Gettysburg by a carbine ball, which entered about two inches to the right and a little below the umbilicus, the ball lodging. There was partial

paralysis of the lower extremities, and a discharge of feces for several days from the wound, which finally ceased, the wound closed, he gradually regained the use of his limbs, and when sent to general hospital on the 20th of August, there was scarcely a doubt of his recovery.

Water dressing to the wound, sparing use of stimulants, nourishing diet, and opium to prevent motion of the bowels, which were moved by enema of warm water on the thirteenth day, constituted the treatment in this case.

IN THE FIELD
NEAR BEALTON STATION, VA.
Nov. 7th, 1868.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, Oct. 28, 1868.

DR. JAS. ANDERSON, PRESIDENT, IN THE CHAIR.

VULVO-VAGINITIS, OR THE LEUCORRHOEA OF INFANTS; WITH SPECIAL REFERENCE TO ITS MEDICO-LEGAL ASPECTS.

DR. MARK BLUMENTHAL read a paper on vulvo-vaginitis, or the leucorrhoea of infants and children, with special reference to its medico-legal aspects. The subject is one of no little interest, inasmuch as the disease is by no means of very rare occurrence, and besides so often misunderstood, both by physicians and the public. The subject was divided into the following parts, and treated under these heads. 1. Its history and nature. 2. Etiology. 3. Diagnosis—simple and differential. 4. Prognosis. 5. Medico-legal importance. 6. Treatment. We shall only attempt here to give a short abstract of the paper, and will therefore not be expected to enter into any lengthened exposition of the facts and opinions therein contained. First, then, as to its history:—Under various and numerous names the disease has long been known, and from the days of Morgagni, who called it the *fluor albus*, through succeeding periods of the time of Hunter and Swediaur, down to Raniel, Schönfeld, Bertin, Rayen, Capuron, Siebold, Boivin and Duges, Rilliet and Barthez, Barrier, Bierbaum, Forster, Wild, Behrend, Von Düben, Ricord, and Churchill, etc., it has been called leucorrhoea, blennorrhoea vaginalis, vulvitis, vaginal catarrh, vaginitis, and finally vulvo-vaginitis. This last appellation was given to the disease by Dr. F. J. Behrend, in an article written on the subject in his *Journal für Kinderkrankheiten*, vol. X., and has been almost universally adopted; and deservedly so, for it embodies the true nature of the malady, and expresses it in a short and concise term, while the old name of leucorrhoea was only expressive of a symptom, and for that reason alone objectionable.

Vulvo-vaginitis is, as the name implies, an inflammation of the mucous-membrane of the vulva and vagina, involving generally the follicles so abundant there, and characterized by redness, heat, pain, or itching, accompanied by a discharge of green, white, or yellow muco-purulent matter, from between the labia. This discharge being but little or scant in some cases, is excessively profuse in others, producing not only excoriations of the labia and inner sides of the thighs, but if long continued affecting the general health, and causing anaemia, debility, etc. These symptoms are often accompanied by urethritis and dysuria, the children refraining from urinating as long as possible, owing to the burning pain accompanying the flow of urine over the inflamed surfaces, until finally with some effort and straining a sudden jet is forced out of the swollen meatus urinarius, accompanied or followed by a discharge of pus or purulent matter, whereupon comparative ease comes to the relief of the little sufferer.

Vulvo-vaginitis occurs at times almost epidemically. Rayer, in 1821, records the histories of twenty-nine cases, partly from his own practice and partly from others, which he divides into five classes:—1. Idiopathic; 2. Sympathetic; 3. Constitutional; 4. Metastatic; and 5. Specific.

Bertin, as early as 1810, distinguished the venereal discharges of new-born infants from those that were simply mucous. Monographs on this disease were also written by Schönfeld and Behrend. The latter makes five forms, namely, the phlegmonal, catarrhal, eruptive, diphtheritic, and syphilitic. The names explain themselves, and therefore need no elucidation.

CAUSE, PROGRESS, AND DURATION.

Rilliet and Barthez thus describe catarrhal vulvo-vaginitis:—"It is characterized by the discharge of a yellow or green, white, thick, fetid purulent matter, produced by inflammation of the follicles which abound about the external organs of generation. The labia are generally tumified, and of more or less redness, and sometimes the mucous membrane is partly excoriated. The ulcerations have in some cases been mistaken for chancres, or for the consequences of external violence." "Sometimes nothing is known of the disease except by the presence of spots of green matter upon the child's linen, which resemble exactly those of gonorrhoea."

The local symptoms which in some cases accompany this affection, when slight, are heat, pain, burning or itching, and a certain degree of inconvenience when walking; but we have seen several cases where nearly all these symptoms failed, and where it would have been impossible to recognise the disease, except by the linen.

The duration of the disease is from fifteen to thirty days, when acute; when chronic, from two to three months, and even longer. It is very liable, if of catarrhal nature, to return on exposure. J. Cooper Forster, in his work on the "Surgical Diseases of Children," Barriér, in his "*Maladies de l'Enfance*," Bierbaum, Von Düben, etc., etc., all give about the same descriptions, more or less concise or diffuse, essentially agreeing, however, both as to nature and duration. It is hardly necessary in this abstract to follow out minutely the course of the disease, but merely to say that, after the above or first stage, comes that of great abundance of discharge, or second period, less marked by inflammatory symptoms. The secretion is at first glairy, semi-transparent, then thick, opaque, puriform, whitish, then turning green and yellow, and producing spots of grey or greyish black upon linen. This discharge gradually diminishes, loses its acrid qualities, the inflammation disappears, and the disease is cured. In the mean time the excoriations caused by the discharge are healing, being no longer kept up by the acrimonious irritant.

ETIOLOGY.

The causes producing vulvo-vaginitis are numerous. Cooper Forster, Von Düben, Rilliet and Barthez, Barriér, and indeed all authors, charge filthiness, damp, unhealthy habitations, and unfavorable hygienic conditions generally, strumous constitutions, and bad general health, as causing the disease. Catarrhal affections, dentition, eruptive diseases, such as eczema and prurigo, herpes, etc., ascariides, constipation, gonorrhoea, syphilis, and masturbation in older children, are also accused. Finally, external injuries.

AGE.

The disease may occur at any period, from the new-born infant a few hours old, up to the age of womanhood or puberty. Prof. Jacobi, of Berlin, met it in a child two days old. Dr. Bierbaum says it is met most frequently during the period of dentition—say from two to eight years. Of eleven cases seen by Prof. Von Düben, all were under nine years of age, and one-half under five. Of the cases observed by me (six), four were under two years of age, and the rest under six years.

DIAGNOSIS.

The diagnosis of this disease is often very difficult, and, in many cases, of vast importance, medically as well as medico-legally. Scarcely a case occurs where the mother does not suspect some foul play with her child, especially

if over four to five years of age; and, if we base our judgment solely upon the color and quantity of discharge, it is in most instances impossible to distinguish between the simple disease and that produced by specific causes.

As a general rule the physician should assume that the disease arises from general causes or accidental local injury, and not from specific contagion or violence, until circumstantial evidence precludes the possibility of a doubt on this point; the physician thus taking ground (in view of his improved knowledge) in direct contrast with, and in opposition to the popular prejudice, which almost invariably ascribes the disease to immoral practices. The dangerous extent to which this prejudice is sometimes carried will be shown below.

This rule of action is laid down by all the best authorities, such as Wild, Von Döben, Forster, Bierbaum, Killic and Barthez, Dr. Keiller, Barriér, etc. Forster says, p. 123, "That such a disease as gonorrhoea, communicated by the foul contact of some person affected with that disease, does occasionally occur in young girls of four years and upwards, cannot be denied. But to distinguish it by any pathognomic symptoms from some cases of infantile leucorrhoea, is, I am bound to maintain, an impossibility. All practitioners are aware that it is the almost universal custom of mothers and nurses among the poor to attribute all cases of discharge in young girls to some such cause. Generally they come mysteriously whispering the child has been dandled on some one's knee, or there is a young man in the house whose linen is foul. *As a rule, not the slightest importance is to be attached to such statements.*" "Infantile leucorrhoea is not a rare disease, and it is high time that the minds of women should be disabused of this kind of prejudice. It is certain that only circumstantial evidence of the most unequivocal kind can lay any basis at all for such an imputation. No stress is to be laid on the symptoms, unless there are evident marks of violence." Barriér says, in this connexion, "the local condition often furnishes sufficient proofs. If, for example, we find about the genital organs ecchymoses or abrasions, erosions or excoriations, a discoloration or dilatation of the vulva; finally, if there are lacerations of the hymen and prolapsus of the urethra, it is highly probable that there has been an attempt to introduce a foreign body." With regard to the differential diagnosis, Prof. Keiller, of Edinburgh, declares it impossible to judge by the discharge alone whether it is specific or not, inasmuch as there is no difference discoverable by a microscopical examination of the pus, the corpuscles being the same in both. A large number of instances are given by various authors where criminal actions were threatened for supposed acts of violence, and where it was finally proved to have had nothing to do with such cause. Epidemics of this disease among children have frequently been observed. Wild, Von Döben, Durwall, Capuron, Spence, etc. (see Beck's "Med. Jurisprudence"), give cases of prosecution which were soon proved to be false, in some instances barely in time to save the victim from shame and dishonor.

PROGNOSIS.

The prognosis is generally favorable—the more the constitution is involved by reason of debility or bad hygienic conditions the longer will it take to cure. Where the disease depends upon local irritation only, it is less tedious though often obstinate. Only the diphtheritic form threatens serious consequences, or such violent inflammation as may degenerate into gangrene. When caused or kept up by worms, dentition, etc., it is of but temporary duration, and generally removed with the exciting cause.

The physician should, however, always put the patient or nurse on guard with reference to the danger of introducing the matter in the eyes—which would produce a dangerous inflammation, and possibly blindness. Wild quotes a case destroyed by sloughing of the cornea and staphyloma.

TREATMENT.

The treatment of vulvo-vaginitis is very simple. As its main causes are a bad state of the health, filthiness, local irritation, and inflammation, or temporary local causes, so the treatment must be mainly directed to these various points. Hence tonics, especially iron and quinine, are often indicated, assisted by cold water-baths and out-door exercise. The perchloride of iron is the form most commonly employed. When the local inflammation is very high, leeches may be employed with much advantage, followed by poultices. In most cases the sol. of nitrate of silver is the best local application that can be used—generally in the form of an injection from eight to twenty grains to the ounce, used once daily, the parts having previously been well syringed out with water. In very young children a piece of lint dipped in a solution of two grains of the nitrate to the ounce of water, and passed between the labia, is generally sufficient.

Besides this, alum, sulphate of zinc and copper, acetate of lead, tannin, etc. (Forster suggests their suspension in glycerine), are frequently employed, and with great advantage. In very mild cases, the use of simple anodyne infusions, such as inf. of poppy heads, or stimulants, such as flax-seed, are sufficient.

In order to prevent relapse, the essentials are, protection against exposure, prevention of the action of local irritants, and the general improvement of the health.

American Medical Times.

SATURDAY, NOVEMBER 21, 1863.

EDUCATION OF INFANTS.

DURING the past week a child about four years of age died suddenly in a public school under the following circumstances, as narrated in the public prints:—"It is the habit of the teachers of that school to detain after hours such of the pupils as may have been deficient in their lessons during the day. Upon the occasion in question the deceased, with twelve other scholars, was kept in. Deceased seemed to take the punishment very seriously, and asked her teacher to allow her to go. The teacher, noticing her agitation, kindly told her that she might go as soon as she was able to spell correctly the word "hedge." This appeared to appease her, and she went to her seat. Soon, however, it was observed that the child threw her head back and was gasping for breath. The teacher took her in her arms and did all she could to relieve her, but after three or four spasms she expired."

We have in this case a sad but instructive commentary upon the evils of the American educational system. A child but four years of age is found at school, and is not only required to perform a given mental task, but is also subjected to the rigid discipline of the oldest scholars. Overcome by fear or grief, she falls into a syncope from which she never rallies. Such a singular phenomenon may well astonish the community. It were well for the rising generation if the lesson it teaches led to reformation in the management of children.

It is surprising at what a tender age children are placed in school, and brought under the restraints of a worse than prison discipline. At that period of childhood, or rather of infancy, when during its waking hours every muscle naturally requires activity and free play

for its proper development, the child is compelled to sit for hours as unmoved as a statue. But to this cruel restraint we have the additional evil that the child is confined to a room the atmosphere of which is infected with poisonous gases and foul exhalations from human bodies. The conditions necessary to retard the growth and development of the child are complete, and the result is always accomplished. We see many of the effects of such training in the feeble bodies, dwindled legs and arms, curved spines, and nameless other deformities of the adolescents. But how many unseen and unappreciated vices of development and growth are created by those causes! How destructive to the delicate organization of the nervous system is such training of the child, and how sadly are its functions perverted! In the case related we see how seriously the nervous system had become weakened, and how slight a cause completely overpowered it. We may well believe that this poor child is but a type of the children of our schools. Though such a melancholy termination of their pupilage is rare, yet thousands of children are doubtless brought to the very verge of the grave by the unhealthy influences acting upon their delicate organizations.

The vital question recurs: At what age should a child be sent to school? There can be no doubt that previously to the ages of six or seven the child should neither be subjected to systematic physical restraint, nor should its mind be tasked with appointed lessons. The full and perfect development of the body is a more important end to be attained in the training of the child than the cultivation of its mind. That system of education is perfect which secures these two objects. Previously to the age which we have fixed a child may be an apt scholar, though free from all bodily restraint. The cultivation of the powers of the body and mind may go together, and is productive of the very best results. We see in the Kindergarten of the Germans the very perfection of this system of training. Here the infant is free to play and romp in the open air, amid a profusion of flowers, or on the grass lawn, watched by a careful and tender nurse, who acts at the same time as teacher. While the child revels in the pure air and sunshine, it imperceptibly learns the lesson of the day.

But though we are unable to place a child in a school so favorable for its due and proper training, a faithful parent may accomplish much by personal instruction while the child still enjoys the most perfect freedom. In commenting upon this subject, a recent and very able writer* has said: "Instinctively the young child seeks for knowledge of some kind, and its spontaneous efforts may be safely allowed. With a little management, indeed, they may be made subservient to very important acquisitions. In the same way that it learns the names of its toys and playthings, it may learn the names of its letters, of geometrical figures, and objects of natural history. There can be but little danger of such exercises being carried too far. But the discipline of school, if obliging the tender child to sit upright on an uncomfortable seat for several hours in the day, and con his lessons from a book, is dangerous both to mind and body. To the latter, because it craves exercise almost incessantly, and suffers pain, if not distortion, from its forced quietude

and unnatural postures. To the former, because it is pleased with transient emotions, and seeks for a variety of impressions calculated to gratify its perceptive faculties. The idea of *study* considered in relation to the infant mind, of appropriating, assimilating the contents of a book, of performing mental processes that require a considerable degree of attention and abstraction, indicates an ignorance of the real constitution of the infant mind, that would be simply ridiculous, did it not lead to pain, weariness, and disgust. And such is the strange abandonment of all practical common sense on this subject, that many a person fails to view this practice in its true light, who would never commit the folly of beginning the training of a colt by taking it from the side of its dam, harnessing it to a cart or plough, and keeping it at work through a sultry summer's day."

THE WEEK.

At the next meeting of the Surgical Section of the Academy of Medicine, which will be held at the house of Dr. JAMES R. WOOD, a subject of unusual importance is to be brought forward. We refer to the discussion on amputations in gunshot fractures of the thigh. PROF. HAMILTON will give his experience in detail while in the army. It is anticipated that the surgeons of the foreign ships in the harbor will be present, and take part in the discussion. No question in military surgery has received more attention than this, and still it remains unsettled. If this discussion shall elicit the opinions of our most experienced surgeons, an important chapter will be added to the history of the subject.

THE Sanitary Commission have commenced the publication of a Bulletin. It is issued on the first and fifteenth of each month, and is devoted to an exposition of the sanitary condition of our armies, and the great objects which the Commission have undertaken to accomplish. This Bulletin will prove a valuable auxiliary to the Commission by enlightening the community as to the kind of aid that is required, and the means of applying it. The paper also contains accurately written reports detailing much of interest in regard to the condition of the different army corps. We trust that it will find its way to every family in the North and West. The design of the Bulletin is thus stated in the prospectus:—"We purpose to make the Bulletin the place where all information necessary to soldiers or to soldiers' families is to be found. Who are entitled to bounties and pensions, and how to procure them at the least expense, and with the most certainty; how furloughs are obtained; how our prisoners of war in the enemies' hands may be communicated with; how to get convalescents or sick men home; everything about the burial of the dead; these and similar questions will be carefully and reliably answered in our columns. The Bulletin will be extensively circulated in the Army. It will also be sent to all our associate members—to all subscribers or donors to our funds—to every sewing circle contributing to our supplies—to such clergymen as apply for it for purposes of guiding their efforts—and to such other persons as we think fitted to use profitably, for the benefit of our sick and wounded, the information it contains. It will be furnished also to subscribers at \$2 a year, and to single purchasers at 10 cents a copy."

* Ray on Mental Hygiene.

Dr. MACGOWAN, the distinguished American missionary, has communicated the following note on polydactylous anomalies among Virginia negroes to the American Ethnological Society:—

"My attention has been recently directed to the birth of a six-fingered child in an encampment of contrabands, or negro fugitives, which is under my charge, in connexion with the Harewood General Hospital, U.S.A., Washington, D.C.

"From remarks made by the midwife, and from the dexterous manner in which she had severed the supplemental fingers, I was led to institute inquiries relative to the comparative frequency of supernumerary digits among the Virginia negroes, in the encampment of this city, Arlington Heights, and Alexandria. The result surprised me. On questioning and carefully cross-examining thirteen midwives, and from investigations made in several schools, I am disposed to estimate these polydactylous monstrosities at one per cent. among the negro births in Northern Virginia.

"Anomalies of this description are more common in China than in Europe among descendants of Europeans; yet in that part of Asia one finds but one case in several thousand births. It is desirable that facts relating to deformities of this description among aborigines and half-breeds should be communicated by members of the Ethnological Society, who may have access to sources of information on the subject.

"The supplemental fingers were in every case imperfectly developed, or rudimentary, and uniformly of the kind denominated by M. Isidore Geoffroy de St. Hilaire, a prolongation of the series; that is, being an additional little finger, and almost invariably attached by integument to the external surface of the second phalange. In no case that has come under special notice have the 'twin fingers' (as the negroes call them) been capable of extension or flexion. The nails are generally pretty well developed. There is a uniform symmetry in these deformities; that is to say, they are never found on one hand only—they are always in pairs.

"Cases of supernumerary toes are rare. Some midwives apply a silk thread at the point of attachment as soon as the new-born infant is dressed, which causes the sixth finger to fall off in a few days. Others effect the removal with scissors, applying a styptic to arrest the hemorrhage—the parasitic fingers found on the ears of corn, called 'corn-rust.'

Reviews.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR THE YEAR 1863. Albany: 1863.

(Concluded from page 234.)

ARTICLE XIV.—*On Deformity of the Feet, and their Treatment with Plaster of Paris.* By DEWITT C. ENOS, M.D., Professor of Anatomy in the L. I. College Hospital, Surgeon of the Brooklyn City Hospital, &c.—Prof. Enos thus describes the mode of using the plaster of Paris:—"Take a straight piece of muslin, wide enough to embrace or nearly embrace the head of the tibia, and long enough to extend down from the head of the tibia around the heel and as far as the great toe; then cut, or rather *tear* five or six other pieces the same size; next stir some plaster of Paris in a little warm water till it is about the consistency of cream; place upon a board or table one of the pieces of muslin, and put on it a tablespoonful or two of the plaster, and with a long knife spread it evenly over the cloth, so that it shall be *wet* and *thinly covered*; place upon this another piece of muslin smoothly; and with some more of the plaster spread this like the first, and so continue to spread layer after layer until the last, which you do *not*

spread, or if you do, cover the plaster with a thin layer of raw cotton, which shall come next the limb. Place it behind the leg, and first bend it around the head of the tibia, and let an assistant hold this firmly, while you next apply it to the sole of the foot as far as the great toe; if it should be longer, turn it back on itself, so as to leave the toes exposed; next bend it around the foot, so as to neatly embrace it to the instep; there is now a redundancy of cloth at this angle of the foot and leg; this is disposed of by folding it down on itself, so that you can smoothly apply the remainder to the ankle and leg. A roller is now closely applied from the toes to the knee and back again, so that this dry cloth may absorb the moisture from the plaster, and thus facilitate its setting. As soon as the roller is applied, you grasp the foot and ankle in your hands and forcibly press the foot towards its normal position, holding it steadily ten or fifteen minutes till the setting has made it firm."

Prof. Enos reports a case at length, and concludes his paper with a consideration of the causes of clubfoot, union of tendons, &c.

ARTICLE XV.—*A Case of Morbid Growth; Characteristic Symptoms of Cancerous Cuchecia.* By NELSON NIVISON, M.D.

ARTICLE XVI.—*Professor Nelaon's recently invented Probe for exploring Gunshot Wounds in Bone, where there is lodgment of a Ball, as in the case of Gen'l Garibaldi.* By ALDEN MARCH, M.D.

ARTICLE XVII.—*Fracture of the Lower Jaw treated by a new method.* By AUSTIN L. SANDS, M.D., of New York.

ARTICLE XVIII.—*Case of Prolapsus Uteri of fifteen years' duration, with extensive Ulceration of the Neck—Cure, by Reposition, with Diagram.* By ISAAC E. TAYLOR, M.D., New York.

ARTICLE XIX.—*Tracheotomy in Diphtheria.* By WILLIAM GILFILLAN, M.D., of Brooklyn.—Dr. G. reports a successful case of tracheotomy in diphtheria, and gives the following indications for its performance:—"When the patient's strength is good, and the general symptoms fair, if there is great difficulty in respiration, as evidenced by slight lividity, stridor, and considerable sinking in of the parietes of the chest on respiration, then I believe the operation of tracheotomy affords the best, if not the only hope of the patient's recovery, and is then strongly indicated." He gives us the only contra-indication, *too great exhaustion or depression* of the vital powers. The paper contains an interesting discussion of the various questions at issue on this subject.

ARTICLE XX.—*Cases of Ovarian Dropsy, treated by Iodine Injections.* By D. G. THOMAS, M.D., of Utica.—Dr. T. reports two successful cases of injection of the ovarian sac with iodine. This operation has attracted but little attention in this country, and the profession are indebted to Dr. Thomas for a full report of these cases.

ARTICLE XXI.—*Ovarian Disease and Ovariectomy.* By AUGUSTUS K. GARDNER, A.M., M.D., late Professor of Diseases of Females, New York Medical College; Fellow of the New York Academy of Medicine, &c.—Dr. Gardner reports an unsuccessful case of ovariectomy.

ARTICLE XXII.—*Diphtheria.* By AUGUSTUS L. SAUNDERS, M.D., Brookfield. In regard to treatment Dr. S. says:—"The treatment I have found most successful has been to evacuate the bowels with a cathartic that would act upon the secretions with the least possible tax on the energies of the system, and at once commence a tonic and stimulating course proportioned to the severity of the attack and the character of the symptoms."

ARTICLE XXIII.—*Report on Gangrene of the Mouth and Fauces,* observed at the U.S. General (Marine) Hospital, New Orleans, La. By REFUS KING BROWNE, Surgeon-in-charge.—The substance of this elaborate paper has already appeared in this Journal.

ARTICLE XXIV.—*Pelvic Presentation, its Philosophy and Treatment.* By J. V. P. QUACKENBUSH, M.D., Prof. Obstetrics, Albany Medical College, Albany, N. Y.—This paper

has also appeared in the MEDICAL TIMES, and attracted deserved attention.

ARTICLE XXV.—*A Case of Delirium Tremens*, treated by large doses of Tincture of Digitalis. By S. BARRETT, M.D., of Le Roy, Genesee Co. The following extract gives the treatment of this case:—"I ordered all stimulants to be withheld, and gave him half ounce of tinct. digitalis, of the official strength, and directed the same quantity to be given every six hours, unless he became quiet. At 12 m., 19th, I found him rational; had retained the medicine, except a part of one dose; three doses in all had been given him; had slept some; his pulse 100, and more steady. I gave him another dose of half ounce, and directed him to have two more, of two drachms each, at intervals of eight hours. As he was pretty nervous, I directed him to have half a grain sulph. morphia, at evening, also to have beef-tea in small quantities. 20th.—He had slept about four hours; his pulse had become nearly normal; heat and burning thirst subsided; head free from pain, and appetite returning. From this time he convalesced rapidly, and took no more medicine of any kind."

ARTICLE XXVI.—*A Case of Insanity*. By GEORGE COOK, M.D., Brigham Hall, Canandaigua, N. Y.

ARTICLE XXVII.—*Cases of Small-Pox and Varioloid*. By HIRAM CORLISS, M.D., of Greenwich, N. Y.

ARTICLE XXVIII.—*Statistics of some of the Diseases of New York and London*. By CYRUS RAMSAY, M.D., Registrar of Records and Statistics, City of New York.

ARTICLE XXIX.—*Mortality of the City of Buffalo, New York*.

ARTICLE XXX.—*Report of the Committee appointed to draft a Sanitary Code for the State of New York*. Presented by DR. THOMAS C. BRINEMADE, Chairman.—The committee propose: I. A Central Board of Health, composed of men of scientific eminence and approved public spirit, holding their official positions for a series of years, a fair proportion of whom should be physicians. It should have the power to elaborate a general sanitary code for the guidance of all local boards; to compel regular reports from all local boards; to consider all cases relating to the general sanitary interest of the State, and devise such measures or recommend such laws as might require legislative action or power for their control. It should devise and perfect a practicable system for the complete registration of all marriages, births, deaths, and other vital statistics. It should consider the sanitary relations of all internal improvements projected by the State, and consider all laws relating to the use and application of mechanical or chemical powers. II. The Local Boards in our large cities and towns should be composed of three bureaux, which should respectively control, 1st, The opening, grading, cleansing, and repairing of streets, alleys, and highways, and the planning, constructing, and purifying of all sewers, cess-pools, and systems of drainage, whether public or private; 3d, the supply, distribution, and use of water; 3d, the sanitary bureau, which should control the report and regulation of all marriages, births, and deaths; the supervision, and, when necessary, the care of all affected with contagious diseases; the inspection and removal of all nuisances, public and private; and, in short, the local application and efficient working of the "General Code of Health." In the smaller towns and villages the whole duties may be performed by a small board and a health officer. The committee were continued.

ARTICLE XXXI.—*Summary of Seven Daily Observations of the Temperature, Moisture, Weight, Direction, and Condition of the Atmosphere, for the Year 1862*. Report at 57 Essex Street, New York. By J. P. LOINES, M.D., Chairman of the Meteorological Committee of the New York County Medical Society.

ARTICLE XXXII.—*Report on the United States Pharmacopœia, February, 1863*. By EDWARD R. SQUIBB, M.D., Chairman.

ARTICLE XXXIII.—*Report from the New York County Medical Society*. By GUIDO FURMAN, M.D., Secretary.

ARTICLE XXXIV.—*Communication from the Massachusetts Medical Society*.—This communication relates to the ambulance system, urged so eloquently upon the notice of Government, by Dr. Bowditch.

ARTICLE XXXV.—*Report of Committee on Medical and Surgical Statistics*.—DR. ORTON, of Binghamton, Chairman of this Committee, made a brief report, and asked an extension of time.

ARTICLE XXXVI.—*Regimental Surgeons of the State of New York, in the War of the Rebellion, 1861-3, Alphabetically arranged*. By SYLVESTER D. WILLARD, M.D., of Albany.—In the last volume of Transactions, Dr. Willard presented a list of Surgeons from this State, in the military service of the United States. The present report is much more full, and is an invaluable historical document. The profession is greatly indebted to Dr. W. for these records.

ARTICLE XXXVII.—*Merit H. Cash Prize Essay*.—The subject proposed for the essay is, "How complete is the protection of vaccination, and what are the dangers of communicating other diseases with the vaccinia?" The competition will be confined to physicians residents of the State of New York. The essays will be sent in the usual way, with the name of the author, in sealed envelope, to either of the committee, Dr. Thomas W. Blatchford, of Troy, Dr. Edward H. Parker, Poughkeepsie, or Dr. John Ordronaux, 823 Broadway, New York city, on or before the fifteenth day of December, 1863. The decision of the committee will be announced at the meeting of the society in 1864, and the successful essay will be published in the Society's Transactions. The prize will be awarded in money, or in such a form as may be more acceptable to the successful author.

ARTICLE XXXVIII consists of *Notices of Deceased Members*, as follows:—Of Dr. Zenas Carey, of Troy, N. Y. by THOMAS W. BLATCHFORD, M.D.; of William S. Norton, M.D., by S. D. WILLARD, M.D., Albany; of Barto White, M.D., for the Medical Society of the State of New York, by SYLVESTER D. WILLARD, M.D., of Albany.

In concluding this notice we repeat the remark with which we began, that the volume is one of increasing value. The Society at home and abroad has gained an important position among the institutions of the State. It outlives any similar institution in the country. For much of its present prospects the profession is indebted to its Secretary, Dr. Willard, who has labored with indomitable perseverance and zeal in its behalf for many years. The business of the Society is punctually attended to in its fullest details; the large correspondence is promptly dispatched; every arrangement is made for the annual meetings; certificates and notices are promptly sent to the members; and the editorial arrangements and labor on the volumes (which labor often extends to weeks or months) have always been cheerfully and gratuitously performed. The benefits of these labors have accrued for the reputation of the Society to which Dr. Willard has proved an accomplished and efficient officer.

Army Medical Intelligence.

CIRCULAR.

SURGEON-GENERAL'S OFFICE,
WASHINGTON CITY, D.C., November 12, 1863.

MEDICAL DIRECTORS of Military Departments will immediately furnish this office with a list of medical officers of the Regular U.S. Army, and of surgeons and assistant surgeons of the Volunteer Staff, in their respective Departments, who have been on duty in General Hospitals for more than one year.

Medical Directors of Armies in the field will immediately furnish this office with a list of medical officers of the Regular U.S. Army, and surgeons and assistant surgeons of the Volunteer Staff, who have been on duty in the field for more than one year.

Both lists will give the lengths of service in either position, with such special information or recommendation as may be useful in reassignments, according to nature and length of service.

Very respectfully,
Your obedient servant,

By order of the Act. Surgeon-General.
(Signed)

C. H. CRANE,
Surgeon, U.S.A.

GENERAL ORDERS, NO. 355.

WAR DEPARTMENT, ADJUTANT-GENERAL'S OFFICE,
WASHINGTON, D. C., Nov. 4, 1863.

Medical Directors of armies in the field will forward, direct to the Surgeon-General, at Washington, duplicates of their reports to their several Commanding Generals of the killed and wounded, after every engagement.

By order of the Secretary of War.

F. D. TOWNSEND,
Assistant Adjutant-General.

Official.

ORDERS, CHANGES, &c.

Assist.-Surgeon E. C. De Forrest, 78th Ohio Vols., has been discharged the service on account of incompetency.

So much of Special Orders No. 319, Sept. 3, 1862, from Headquarters, Department of the Mississippi, as mustered out of service Surgeon Rainer Schallern, 58th Ohio Vols., for absence without leave, has been revoked, and he is honorably discharged the service of the United States, to date September 17, 1862, he having produced satisfactory evidence that he was properly absent until July 21st, 1862, the date at which he returned to his regiment for duty, and that he performed service up to September 17, 1862, the date on which he received the order mustering him out of service.

Assist.-Surgeon John Everhart, 12th Kansas Vols., has been discharged the service of the United States, he having refused to appear before a Medical Board of Examination appointed to report upon his qualifications as a Medical Officer.

The following promotions and appointments in the Volunteer Medical Staff have been made during the week:

Assistant-Surgeon Jabez Perkins, to be Surgeon.

C. B. White, M.D., of Louisiana, to be Assistant-Surgeon.

C. F. Busbue, M.D., of New York, to be Assistant-Surgeon.

E. D. Buckman, M.D., of Pennsylvania, to be Assistant-Surgeon.

The following officers (published officially October 12, 1863) having failed to appear before the Military Commission, instituted by Special Orders No. 53, current series, from the War Department, within the prescribed time, the President directs that they be dismissed the service of the United States, for the causes and at the dates set opposite their respective names.

Failing to report at Headquarters, Provost-Marshal's Office, under arrest, as ordered:—Surgeon William Worthington, 93d Pennsylvania Vols., October 12, 1863.

By direction of the President, the following officers are hereby dishonorably dismissed the service of the United States for the causes set opposite their respective names:—Assistant-Surgeon W. D. Townner, 15th New York Vols., for conduct unbecoming an officer and a gentleman, drunkenness while on duty, and violation of arrest.

Surgeon Thomas E. Reed, U.S.V., has been relieved from duty in the Department of the Gulf, and will proceed without delay to Clarksburg, Va., and report for duty in person to the Medical Director, Department of Western Virginia.

Assistant-Surgeon J. K. Rogers, U.S.V., has been relieved from duty in the Department of the South, and will proceed without delay to St. Louis, Mo., and report in person to the Medical Director at that place for duty.

So much of Special Orders No. 478, War Department, as directed Surgeon H. S. Hewitt, U.S.V., to report in person to the Medical Director, Department of the Tennessee, has been revoked, and he will at once report in person to the Medical Director, Department of the Cumberland, for duty.

Assistant-Surgeon J. S. Smith, U.S.A., has been relieved from duty in the Department of the South, and assigned to duty in charge of the De Camp Hospital, David's Island, N. Y.

The following appointments have been made during the week:—

Dr. James H. Thompson, Surgeon 12th Maine Volunteers, to be Assistant-Surgeon of Volunteers.

Dr. R. H. Weyill, late Surgeon U.S.V., to be Surgeon 10th U.S. colored troops.

Dr. Charles G. Polk, of New York, to be Assistant-Surgeon 2d U.S. colored troops.

Dr. Ira Perry, of Massachusetts, to be Assistant-Surgeon 9th U.S. colored troops.

Surgeon John L. Teed, U.S.V., and Assistant-Surgeon E. T. Whittingham, U.S.A., have tendered their resignations.

Surgeon M. Goldsmith, U.S.V., has been ordered by Surgeon-General Hammond to visit the General Hospitals at New York, Baltimore, Philadelphia, and Washington, with a view to collect material for his report on hospital gangrene, which has been so successfully treated by Surgeon G. in the hospitals at Louisville, Ky.

So much of Special Orders No. 406, September 6, 1863, from the Adjutant-General's Office, as discharged Assistant-Surgeon Horace Babcock, 2d Kentucky Volunteers, on account of physical disability, and for absence without leave, has been so amended as to omit the charge of

absence without leave, he having furnished satisfactory evidence that he was absent with proper authority.

So much of Special Orders No. 468, October 19, 1860, from the Adjutant-General's Office, as assigned Assistant-Surgeon E. Fletcher, U.S.V., to duty in the Department of the Ohio, is hereby revoked, and Surgeon Fletcher will report in person without delay to the commanding General, Army of the Cumberland, for duty as Medical Purveyor at Nashville, Tenn.

Surgeon James D. Strawbridge, U.S.V., will repair at once to Annapolis, Md., and report to Brig.-General Graham, U.S.V., senior officer of the Board convened by Special Orders No. 294, Adjutant-General's Office, for the examination of sick officers.

Assistant-Surgeon Thomas McMillin, U.S.A., has been relieved from duty in the Army of the Potomac, and will report in person without delay to the Surgeon-General, U.S.A., at Washington, D. C., to settle up his accounts as Medical Purveyor of the Army of the Potomac.

Surgeon J. H. Taylor, U.S.V., has been relieved from duty as Medical Inspector of the Army of the Potomac, and will report in person without delay to Surgeon John Campbell, U.S.A., Medical Director at Philadelphia, Pa., for duty in that city.

Assistant-Surgeon C. B. White, U.S.V., will report in person without delay to the commanding General, Department of the Gulf, at New Orleans, La.

Assistant-Surgeon E. D. Buckman, U.S.V., will report in person without delay to the commanding General, Department of the South, at Hilton Head, S. C., for duty.

Assistant-Surgeon L. E. Stone, U.S.V., will report in person without delay to the commanding General, Department of West Virginia, at Clarksburg, Va., for duty.

Assistant-Surgeon C. F. Brisbane, U.S.V., will report in person without delay to the commanding General, Army of the Potomac.

Assistant-Surgeon W. T. Hicks, 1th Virginia Vols., having tendered his resignation on account of not being a graduate of medicine, is hereby discharged the service of the United States, with condition that he shall receive no final payments until he has satisfied the Pay Department that he is not indebted to the Government.

At the request of the Governor of Maryland, Surgeon John M. Stevenson, 3d Maryland Volunteers, has been honorably discharged the service of the United States, he having been commissioned by the Governor as Surgeon of a regiment of Maryland Cavalry.

Upon the recommendation of a Board of Officers convened by Special Orders 294, July 3, 1863, from the Adjutant-General's Office, Assistant-Surgeon Edison Boyd, 112th New York Vols., is honorably discharged the service of the United States, on account of physical disability, with condition that he shall receive no final payments until he has satisfied the Pay Department that he is not indebted to the Government.

The following officers having tendered their resignations, are honorably discharged the service of the United States on account of physical disability, with condition that they shall receive no final payments until they have satisfied the Pay Department that they are not indebted to the Government:—

Surgeon Darius Mason, 31st Wisconsin Vols.

Assistant-Surgeon Solomon Blood, 32d Wisconsin Vols.

Assistant-Surgeon F. A. Bushey, 4th Pennsylvania Cavalry.

Leave of absence for twelve days has been granted to Acting Assistant-Surgeon J. C. Shiner, U.S.A.

Assistant-Surgeon H. M. Sprague, U.S.A., now on leave of absence from the Army of the Tennessee, is hereby relieved from duty with that army, and will repair to New York city and relieve Surgeon George Taylor, U.S.A., as a member of the Medical Board, now in session at that city, for the examination of Surgeons and Assistant-Surgeons for colored regiments, and for such other duty as the Medical Director of the Department of the East may assign him. As soon as relieved Surgeon Taylor will resume his duties in charge of the General Hospital, at Newark, N. J.

Surgeon Charles Sutherland, U.S.A., is relieved from duty as Medical Director of the Department of Virginia and North Carolina, and will repair to Wilmington, Delaware, and report to the President of the Retiring Board, in session there, as a member of the Board, to take the place of Surgeon Charles McCormick.

Surgeon Charles McCormick, U.S.A., is relieved as member of the Retiring Board in session at Wilmington, Delaware, and assigned to duty as Medical Director of the Department of Virginia and North Carolina, to the Commanding Officer of which he will accordingly report in person.

Medical News.

SURGEON JAMES BRYAN, of Philadelphia, who is on a short sick leave from Gen. Grant's staff, is rapidly recovering from a severe attack of bilious remittent fever, contracted during the siege of Vicksburg, and hopes to be able to resume duty in a Northern Department in a short time.

DR. ALFRED L. LOOMIS, of the Sixteenth Ward, N. Y., has been appointed Surgeon to the Enrolling Board in the Sixth District.

DR. E. L. HOLMES, one of the leading oculists of the West, has been appointed Surgeon to the Chicago Eye Infirmary.

DR. C. J. VAN CORT, of Morrisania, has been arrested for attempting to bribe Dr. Upham, the examining surgeon, to pass four drafted men.

DR. WINSHIP daily raises 2,600 pounds, and intends to increase his burdens to 3,000.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 9th day of November to the 16th day of November, 1863.

Deaths.—Men, 118; women, 104; boys, 117; girls, 118; total, 458. Adults, 222; children, 231; males, 235; females, 218; colored, 9. Infants under two years of age, 184. Children born of native parents, 22; foreign, 176. Among the causes of death we notice:—Apoplexy, 11; infantile convulsions, 21; croup, 31; diphtheria, 22; scarlet fever, 19; typhus and typhoid fevers, 18; consumption, 81; small-pox, 0; measles, 0; dropsy of head, 12; infantile marasmus, 16; cholera morbus, 1; cholera infantum, 3; inflammation of brain, 11; of bowels, 9; of lungs, 34; bronchitis, 9; erysipelas, 1; diarrhoea and dysentery, 15. 236 deaths occurred from acute diseases, and 44 from violent causes. 274 were native, and 179 foreign; of whom 112 came from Ireland; 56 died in the City Charities; of whom 15 were in Bellevue Hospital, and 9 in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Nov.	Therm. Min.	SIX A.M.			Therm. Min.	TWO P.M.			Therm. Min.	TEN P.M.		
		Temp. Below.	Barometer.	Wind.		Temp. Below.	Barometer.	Wind.		Temp. Below.	Barometer.	Wind.
8th.	49.40	3	29.74	S.W.	48	5 29.80	W.	46	4 29.97	S.W.		
9th.	51.56	4	29.97	N.W.	44	7 29.96	S.W.	33	5 29.97	W.		
10th.	29.31	4	30.00	N.W.	35	7 30.04	S.W.	33	5 30.11	N.W.		
11th.	30.31	4	30.11	N.W.	47	7 30.01	W.	41	5 29.90	W.		
12th.	40.40	3	29.91	N.W.	52	6 29.90	S.W.	47	5 29.91	W.		
13th.	41.44	3	29.90	S.W.	54	5 29.91	S.	50	4 29.93	S.		
14th.	40.40	3	29.96	N.E.	53	4 29.90	N.E.	48	2 29.84	N.E.		

REMARKS.—8th. Fog A.M. Cloudy P.M. with fresh wind. 9th. Clear A.M. Cloudy P.M. 10th, 11th and 12th. Clear with fresh wind. 13th. Clear A.M. Cloudy P.M. 14th. Cloudy, a N.E. rain storm commenced at 6 P.M.

SPECIAL NOTICES.

SECTION OF SURGERY AND SURGICAL PATHOLOGY.—A *Stated Meeting of this Section will be held at the residence of the Chairman, DR. JAMES R. WOOD, No. 2 Irving Place, on Friday, October 23, at 8 o'clock P.M. The discussion on the "E expediency of Amputation of the Thigh, either in its Continuity or at the Hip-Joint, in Gunshot Fractures" will be continued. PROF. HAMILTON will give his experience in this operation in the army. By a resolution of the Section, all surgeons and assistant-surgeons of the army and navy of this and other countries, in New York and vicinity, are respectfully invited to be present.*

Extract of Hamamelis Virginica, OR WITCH-HAZLE.

The attention of the Profession is called to our elegant distillation from the young twigs of Witch-Hazel.

For inflammatory conditions, such as excessive congestion of the conjunctiva, varicose veins, hemorrhoids, all hemorrhages, whether of the nose, uterus, or from wounds, the extract of Witch-Hazel will be found invaluable.

For sale in bulk or in bottles of 32 oz., 16 oz., 8 oz., 4 oz., by
CASWELL, MACK & CO.,
Under Fifth Avenue Hotel.

Superior First-Class Microscope for SALE.

A thoroughly complete microscope and full set of objectives and oculars, by Tolles of Canastota, all perfectly new, and of the best possible construction. The objectives are the latest and most perfect work of that artist, and are very remarkable for perfection of defining power. The highest, one-fifth, has the widest angle of aperture of any yet made. All are considered, by a thorough proficient in the use of the instrument, *the best that is possible to obtain.* The stand is a large and very elegant one, but it is rather too heavy (being made so for extreme steadiness) for the owner to carry on a European tour. The lenses include an adjustable micrometer, eye piece, patent solid eye-piece of high power, and amplifier for extreme high work, by Tolles. This is a peculiar opportunity of obtaining all that is needed for first-class microscopic research, in perfect order. The stand has mechanical, skeleton, and sub-stages. A highly finished black walnut case with drawers for apparatus is included. Price, \$365. This instrument cannot be excelled for delicate microscopic research.

Can be seen on applying to

A. M. EDWARDS,
49 Jane st., New York City.

Dr. Frank H. Hamilton has removed

his office and residence to No. 44 East 26th Street, between Madison Square and 4th Avenue, four doors from Madison Square.

New York Ophthalmic School.—

Lectures on Ophthalmic Medicine and Surgery will be delivered at the N. Y. Ophthalmic Hospital, corner 4th Ave. and 28th st., every Saturday, at four o'clock P.M., by Marcus P. Stephenson, M.D., one of the attending surgeons. The Lectures will be illustrated by Dissections, Models, Paintings, and by Delrymp's magnificent engravings on the pathology of the eye. Clinical instruction will also be given Tuesday, Thursday, and Saturday, from 1 to 3 o'clock P.M., at the Hospital to the members of the class.

Tickets for the entire Course will be \$7. Examination and Diploma, \$8.

SOLOMON JENNER, A.M.,
President.

The "Fifth Avenue Pharmacy,"

157 FIFTH AVE., BET. 21ST AND 22D ST.

J. P. FILER, PROPRIETOR,

JOHN CANAVAN, PHARMACEUTIST.

The Undersigned would beg to inform the Medical Profession that he is again in business at the above establishment, where, having the entire control of the Pharmaceutical Department, he will be enabled to carry on business as formerly for himself.

Respectfully,

JOHN CANAVAN.

N.B.—Medicines at all hours, day and night.

THE PHYSICIAN'S WANT.

NEW EDITION IMPROVED.

Now Ready.

THE PHYSICIAN'S HANDBOOK OF PRACTICE.

REVISED AND IMPROVED FOR 1864.

CONTAINING THE NEW REMEDIAL AGENTS OF THE PAST YEAR.

This edition of this popular manual has been thoroughly revised and re-stereotyped throughout. Many valuable improvements have been introduced, and corrections made. The "Handbook" possesses advantages peculiarly its own. Embracing the conveniences of a diary with those of a manual, for simplicity and completeness it is superior to any of its class. During the seven years of its publication it has become an indispensable companion to every physician who has examined its claims to their support. During this period it has acquired a permanent patronage which is being enlarged. No practitioner can well afford to be without this practical monitor when once its utility is known, for he will find it a means to save—time, labor, and money.

BOUND IN MOROCCO, POCKET-BOOK FORM, \$1 25.

Mailed Free of Postage, and for sale by all Booksellers.

W. A. TOWNSEND, PUBLISHER,

No. 89 Walker street, N. Y.

. Braithwaite, one year, and the "Handbook," \$3 00, postage prepaid

Just published, 12mo., 260 pages. Price \$1.25. Free by mail on receipt of the Price.

ON MILITARY AND CAMP HOSPITALS,

AND THE

HEALTH OF TROOPS IN THE FIELD.

By L. BAUDENS,

MEDICAL DIRECTOR OF THE FRENCH ARMY, ETC., ETC.

Translated and Annotated by FRANKLIN B. HOUGH, M.D., late Sanitary Inspector in the Army of the Potomac.

. The above work is the result of a commission sent by the French Government to the Crimea to report upon the condition of the Hospitals and troops of the French army, and incidentally of the English and Sardinian armies. It is written in the form of a narrative, and the great questions of the *prevention and control of disease in camps and hospitals* are thoroughly discussed. The hygienic conditions of the United States Army are similar to those of the armies of the Crimea; the rules and prescriptions given in the book will, therefore, be found perfectly applicable. This work recommends itself to commanders of regiments as well as army surgeons.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Now Ready. Price 50 Cents.

ADVICE TO A MOTHER

ON THE

MANAGEMENT OF HER OFFSPRING

IN

INFANCY, CHILDHOOD, AND YOUTH.

By P. HENRY CHAVASSE, M.D.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

GEORGE TIEMANN & CO.
Manufacturers of Surgical Instruments, &c.
 No. 63 CHATHAM STREET, NEW YORK.

OTTO & REYNOLDERS,
 Manufacturers and Importers of
**Surgical, Orthopedical, and Dental
 Instruments, Trusses, etc.,**
 58 Chatham Street, New York.

The various Splints for Morbus Coxarius, Abdominal Supporters, Shoulder-braces, Stockings for Varicose Veins, Electric Machines, Ear-Trumpets, Fracture Splints, Crutches, Syringes, Enemas, Skeletons, Fine Cutlery, etc.



Artificial Legs and

Arms. Selpho's Patent. The best substitutes for lost limbs the world of science has ever invented. (Established 24 years.) Can be had only of

WM. SELPHO, *

Patentee and Inventor,
 516 Broadway, N. Y.

Send for pamphlet.

N.B.—A Silver Medal just awarded at the late Fair of the American Institute for the best Artificial Limbs.

A NEW INHALER.

The attention of the profession is called to my new instrument for inhaling etherized fluids in pulmonary diseases.

This inhaler differs from any other in operation, and is considered by good authorities the most perfect instrument of that kind. It has, besides other advantages, valves by means of which a full collapse of the lungs is allowed in breathing out, and at the same time preventing the gas thus expelled from coming in contact with the fluid in the medicine chamber.

Descriptive catalogues will be sent to the profession.

The Instrument is on sale at G. Tiemann & Co., 63 Chatham Street.

G. BASTIAN,
 885 Broadway, cor. 13th Street,
 New York.

(Front office, up-stairs.)

DISEASES OF THE THROAT.

DR. ELSBERG,

LECTURER ON THE LARYNGOSCOPE AND DISEASES OF THE
 LARYNX AND THROAT IN THE UNIVERSITY OF
 NEW YORK,

Devotes himself specially to the Treatment of Diseases of

THE LARYNX

and Neighboring Organs.

OFFICE HOURS FROM 4 TO 6 P.M.

153 West 15th Street.

The "Elixir of Calisaya Bark"—

was introduced to the notice of the Faculty in 1830, by J. Milhaud, the sole Inventor. None of those numerous firms were in existence, who, rather than give a new name to a new article, have found it more convenient within a few years to appropriate the above extensively known title; it is therefore presumable that physicians in prescribing, as for over thirty years, have reference solely to the original article made by J. MILHAUD & SON.

Also, the CHALYBEATE ELIXIR OF CALISAYA BARK (copyrighted), being the above preparation with the addition of two grains of the celebrated Pyrophosphate of Iron to each wineglassful.

Sole agency for FRENCH ARTIFICIAL EYES from the leading Paris manufacturer. Single eyes to order. Sets of 120 for oculists.

J. MILHAUD & SON,

Druggists and Pharmacutists, 188 Broadway, N. Y., near Cortlandt st
 Either agents for or importers of all the French medicines and fine preparations in vogue.

Buffalo Medical and Surgical Journal.

A MONTHLY PERIODICAL.

The Buffalo Medical and Surgical Journal is published monthly, containing reports of Medical Societies and Hospitals, Editorials, Reviews, Correspondence, Army News, etc., etc.; including the usual variety of Medical Periodical Publications. Specimen copies sent on application. Terms \$2.00 a year, in advance.

J. F. MINER, M.D.,
 Editor Buffalo Med. and Surg. Jour.,
 Buffalo, N. Y.

WADE & FORD, Instrument Makers to the NEW YORK, BELLEVUE, AND CITY HOSPITALS, Manufacture and Import all kinds of SURGICAL AND DENTAL INSTRUMENTS, APPLIANCES, SYRINGES, ETC.,

85 Fulton street, New York.

W. & F. beg leave to call the attention of the Faculty to the latest and most COMPACT general operating case, which they have arranged under the supervision of Dr. JAMES R. WOOD, a full description of which will be forwarded upon application. Also, Dr. LEWIS A. SAYRE'S improved outdoor Splint for MORBUS COXARIUS. Directions for measurements will be forwarded when requested.

References:—JAMES R. WOOD, M.D., LEWIS A. SAYRE, M.D., STEPHEN SMITH, M.D., B. F. BACHE, M.D., U.S.N.

PRICED CATALOGUES WILL BE SENT TO ANY ADDRESS.

Agents for Jewett's Artificial Limbs, which are superior to all others.

Sole Agents for "Fermine's Irritation Instrument." Price \$3.00.

VACCINE

Virus of all kinds, perfectly pure, and
 most reliable, used by the leading physicians of this city; put up in the best form for transmission to any part of the world. Prices—single tube, 75 cts; three, \$2; single charge of eighth-day lymph, on pointed quills, 15 cts; fifteen points, \$1; single charge, on convex surface of section of quill, 20 cts.; ten, \$1. Crusts from \$1 to \$3 according to weight.

Address, Eastern Dispensary, 57 Essex Street, New York.

[Now Complete.]

AMERICAN JOURNAL

OF

OPHTHALMOLOGY.

JULIUS HOMBERGER, M.D., EDITOR.

VOLUME I.,

—1863,—

Price \$2.00. Bound in Cloth, \$2.50.

Subscription for Vol. II. (4 quarterly numbers), \$2 00, payable in advance.

BAILLIERE BROTHERS,
 440 Broadway, New York.

MESSRS. BAILLIERE BROTHERS

Beg to inform the

MEDICAL PROFESSION

And STUDENTS, that having purchased a stock of the publications of MESSRS. BLANCHARD & LEA, LIPPINCOTT & CO., LINDSAY & BLAKISTON, Etc.

They are prepared to sell all the publications of these Houses at a VERY LIBERAL DISCOUNT FOR CASH. Prices will be given on application and orders are respectfully solicited.

TERMS OF THE AMERICAN MEDICAL TIMES.

City and Canadian Subscribers, \$3.50 per annum, payable in advance.

Mail Subscribers, \$3 per annum, payable in advance.
 Remittances must accompany an order for the Journal.
 The Publishers will not hold themselves responsible for the loss of moneys inclosed in unregistered letters.

There are two volumes a year, commencing on the 1st of January and July; but subscriptions may begin at any date.

Those who desire to have the series complete can be supplied with the back numbers at the original subscription price.

The last volume, nicely bound in cloth, may be had at the office, for \$2 00 and free by mail for \$2.25; cloth cases for binding may be had at the office for 25 cents, and free by mail for 34 cents.

* * * THE MEDICAL TIMES is published every Saturday morning, and is transmitted direct by mail throughout every section of the country. As a medium for immediate communication with the medical profession of the United States, it offers unsurpassed facilities to those desiring to advertise Medical Colleges and Schools, late Works, Surgical Appliances, Instruments of every kind, Drugs and Medicines, etc., etc. The following terms of transient advertisements may be modified by special contract for permanent insertion:

$\frac{1}{2}$ column, or less,	each insertion \$1 00
$\frac{1}{4}$ "	" " 1 50
$\frac{1}{8}$ "	" " 3 00
1 "	" " 7 20
A deduction of 10 per cent is made for 6 insertions.	
" 25 " " " "	13 "
" 30 " " " "	26 "
" 35 " " " "	32 "

Communications should be addressed "Office American Medical Times, 440 Broadway, N. Y." BAILLIERE BROTHERS,
 Publishers and Proprietors.